

CLAIMS ONLY

 Application Number
10817249

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | |
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| Total Indep | | | | 4 | | | Total Indep | | |
| Total Depend | | | 12 | | | | Total Depend | | |
| Total Claims | | | 16 | | | | Total Claims | | |